

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

Office of Councilmember Paul Peralez

Division, Department, or Region (if applicable)

District 3

Designated Agency Contact (Name, Title)

Patricia Cea

Area Code/Phone Number

408-535-4929

E-mail

patricia.ceae@sanjoseca.gov

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California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 97

Event Description: Disney on Ice  
Provide Title/Explanation

Date(s) 02/24/18

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	<u>Shop with a Cop</u>	<u>24</u>	<u>Recognition</u>

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]  
Signature of Agency Head or Designee

Paul Peralez  
Print Name

Councilmember  
Title

3/5/18  
(month, day, year)

Comment: \_\_\_\_\_